ResearchGate

See discussions, stats, and author profiles for this publication at: https://www.researchgate.net/publication/306160208

The History of Abortion Statistics in Russia and the USSR from 1900 to 1991

Article · January 1995

CITATIONS
41

READS
7,049

3 authors, including:

Alexandre Avdeev
Université de Paris 1 Panthéon-Sorbonne
47 PUBLICATIONS **332** CITATIONS

SEE PROFILE

All content following this page was uploaded by Alexandre Avdeev on 24 August 2016.

The user has requested enhancement of the downloaded file.

THE HISTORY OF ABORTION STATISTICS IN RUSSIA AND THE USSR FROM 1900 TO 1991

In the USSR and in present-day Russia alike, abortion has always been a sensitive issue. Legalized very early, it later followed the winds of political change. It has also been a perpetual source of conjecture, abortion statistics having been 'highly confidential' for a very long time. Although these data are now accessible, foundless estimates continue to appear in the Russian press, and are used to fuel political argument over the contemporary situation. Prior to 1986, when the first complete abortion statistics were published, and with the exception of the yearbooks of 1925 and 1926 which went practically unnoticed in the west, the available figures (C. Tietze, S. Henshaw, 1986) were risky extrapolations based on a handful of scattered survey data**. Thanks to* Alexandre AVDEEV***, Alain BLUM**** *and* Irina TROITSKAYA***, *we can now look at the reality of abortion and shake off its mantle of fantasy.*

Abortion in the former USSR and in the new Republics is in itself an interesting subject matter: being practised on a scale rarely found elsewhere, it can be considered the principal method of birth control. It is equally interesting to study its measurement and coverage by the statistical apparatus, given that these have been subject on the one hand, to observational pressures and the need to understand developments that contradicted ideological *a prioris*, and on the other, to sweeping legislative changes. Administrators, practitioners and scientists were thus permanently at a crossroads, striving to meet political demands as well as to construct an observation tool that was to serve several purposes: to understand a process that was judged to reflect the state of society, or measure a medical practice to facilitate health planning.

---

* A. Kapeliouk, «Echec des réformes, triomphe des mafias. La grande détresse de la société russe», *Le Monde diplomatique*, Sept. 1993, echoes these rumours. He speaks of 8 million legal abortions in Russia and almost 20 million legal or illegal abortions, particularly extravagant figures.

** See Alain Blum, *Naître, vivre et mourir en URSS, 1917-1991*, Paris, Plon, 1994.

*** University of Moscow.

**** INED.

Population: An English Selection, 7, 1995, 39-66

The aim of the present study is twofold. First, to analyse these contradictions and constraints, to unravel the different threads in the construction of an official system of statistical observation, that was subject to strong ideological pressures, but at the same time was set up by men who were concerned with the understanding of social problems. Second, to briefly summarize the abortion statistics, which have been analyzed in greater detail elsewhere[1].

I. – Laws and theories

From the Russian Penal Code to the 1920 Abortion Law

Legislation in the Russian Empire reflected a stand very similar to that taken by the religious and civil authorities in the west. In the 17th century, the Czar Alexis Romanov put a death sentence on abortion. This was removed by Peter the Great , but abortion continued to be considered a serious crime until 1917. Under Articles 1462 and 1463 of the Penal Code, a person guilty of this crime could be deprived of civil rights and exiled or sentenced to hard labour. However, such sentences were rarely pronounced, particularly at the beginning of the 20th century, as the data existing for that period indicate (Table 1). Little is known about the position of the Orthodox Church, but it was apparently much more tolerant than the Catholic Church.

TABLE 1. – NUMBERS OF SENTENCES PRONOUNCED FOR ABORTION IN THE RUSSIAN EMPIRE

1910	20	1914*	–
1911	28	1915**	40
1912	31	1916**	51
1914	60		

* Accounts burnt in 1917.
** Excluding the territory occupied by Germany.
Source: M. Gernet, « Avort v zakone i statistika abortov », *Aborty v 1925 godu,* CSU SSSR, Moscow, 1927.

In parallel, the debate which opposed militant neo-Malthusians and pro-natalists in Europe in the late 19th and early 20th centuries rapidly took a more liberal turn in Russia. Also, it took place there on the scientific (that is, medical) scene, rather than the political one, which was the case

[1] In *L'avortement et la contraception en Russie et dans l'ex-URSS : histoire et présent* (*Dossiers et Recherches*, 41, INED, Oct. 1993), we present many summary tables, which are listed here in Appendix II. Most are based on the archives of the Ministry of Health, and cover not only the recent period (abortion and contraceptive data by republic) but also the years preceding the Second World War (abortions by region of Russia, 1931-40). The present article refers to much of this large body of data, but for more detailed information on trends in abortion and contraceptive use, the *Dossiers et Recherches* should be consulted.

in France[2]. The question was discussed in a number of conferences where, although often conflicting positions were presented, a stand was generally taken in favour of liberalizing, or even completely depenalizing, abortion. The Third Congress of the Pirogov Society, a medical learned society whose works had a resounding influence in Russia, raised the question of abortion for the first time in 1889. Its Twelfth Congress in 1913[3], together with that of the Russian group of the International Society of Criminologists in 1914[4], marked a first step forward. The press coverage shows to what extent this issue stirred public opinion:

> "The gripping question of the penalization of abortion drew almost all the participants to today's session of the obstetrics group."[5]

There was little pro-natalist discussion: the debate focused on the relationship between abortion and social factors, living conditions and women's rights. The ultimate disappearance of abortion was seen as inevitable (Astrakhan and Agishev on living conditions, Bronikova on women's rights). For Grin, who, as we shall see, played a prominent role after the Revolution, abortion should be depenalized. The motion carried at the end of this session stated that:

> "In no instance should mothers be penalized for having an abortion. Doctors should also be cleared of all penal responsibility when they abort at the mother's request. The only exception would be those who abort in their own professional interests, in which case they should be judged by the Medical Council."[6]

Reflection on the social nature of abortion was a fundamental element, rooted in late 19th century tradition, which saw abortion as a social phenomenon. This was to have many consequences after 1917.

Thus, the law promulgated in 1920 was more the logical conclusion of a debate which had begun in czarist Russia than an ideological import of new principles. It was, moreover, somewhat tempered, and presented the liberalization of abortion as a lesser evil:

> "[The Soviet state] combats abortion, by reinforcing the socialist regime and the anti-abortion campaign conducted among working women and by making provision for mother and child welfare. This will lead to the gradual disappearance of the practise. However, the traces of the past and current economic conditions lead women to have recourse still to this operation. The People's Commissariat for Health and the People's Commissariat for Justice, while protecting women's health and in the interests of the race, considering that repression in this field has not given the expected results, decrees [that abortion is authorized]."[7]

---

[2] See Francis Ronsin, *La grève des ventres : propagande néo-malthusienne et baisse de la natalité française (XIXe-XXe siècles)*, Paris, 1980 ; and Jacques Dupâquier, «Combien d'avortements en France avant 1914?», *Commentaires*, 44, 1986.

[3] 12jy S'ezd obshchestva vracej imeni Pirogova, 19 May-5 June 1913, St. Petersburg.

[4] S'ezd russkoj gruppy mezdunarodnogo sojuza kriminalistov, Moscow, 1914.

[5] *Russkoe Slovo*, 127, 4 June 1913.

[6] *Russkoe Slovo*, 127, 4 June 1913.

[7] Preamble to the Edict of 18 November 1920. *Postanovlenie KPSS i Sovetskogo pravitel'stva ob okhrane zdorov'ja naroda*, Moscow, 1958, p. 63.

This law was introduced first in Russia, then on 5 July 1921 in Ukraine, and finally in the whole of the Soviet Union. But it was principally an ideological stand, expressing the triumph of liberal ideals, since no concrete measures were announced: for instance, no duration of pregnancy was stipulated. The foundations of a system of abortion statistics were laid, together with the requirement that abortions should be performed only in a medical establishment, but the measures remained vague. In addition, there was an acute lack of facilities, in particular hospital beds. Many abortions were performed in disastrous conditions in a non-medical environment. The consequences were soon evident, and the authorities were obliged to adopt a series of restrictive measures on 3 November 1924[8]. These measures, which should be interpreted as the effective implementation of the 1920 law, were based on social considerations. To qualify for free-of-charge abortion, the following priorities were established: first, single unemployed women; second, single and working, with child(ren); then industrial workers with several children, wives of manual workers with several children, other women with social insurance, and finally other women[9]. This order reflects the theory that standard of living and need for birth control are inversely related.

1924-5: Ideology above observation

A system of abortion registration cards was set up in July 1924[10]. This made the construction of abortion statistics possible, despite substantial under-registration. Introduced at the same time as the measures defining the application of the 1920 law, this system reflected the will to legislate and to control all in one. The ideological statement embodied in the 1920 law became regulation. Registration was the means to observe abortion dynamics, but above all to understand the social nature of this practise. The role of statistics was, at this point, not to control, but to understand: indeed, the first data extracted, relative to the year 1925, were prepared and published by the Department of Moral Statistics of the Central Statistical Office and not by the Commissariat for Health. This 1925 Abortion Yearbook, published in 1927, provides a wealth of information on women's motives, social status, nationality and number of previous pregnancies[11]. Prefacing the 1926 Abortion Yearbook, M. Krasil'nikov,

---

[8] Decree of the Commissariat for Health and the Commissariat for Justice.

[9] For a detailed description, see A. Gens, «K probleme legalizatsii i statistiki abortov v RSFSR», in *Aborty v 1925 godu,* Moscow, 1927; cf. also Wendy Z. Goldman, *Women, the State and Revolution: Soviet Family Policy and Social Life, 1917-36*, Cambridge Russian, Soviet and Post-Soviet Studies, Cambridge University Press, 1993.

[10] These cards indicated the woman's age, nationality, occupation, place of residence (urban or rural), marital status, housing conditions, number of previous pregnancies, births and abortions, duration of current pregnancy.

[11] The following tables were published: Reasons for abortion, by age and social status; by age and family situation; by duration of pregnancy and marital status. Social status by number of children. Number of previous pregnancies and abortions by age and marital status. Nationality *(narodnost')* by literacy. A distinction is made between women entitled and not entitled to free-of-charge abortion, as well as for those hospitalized after initiation of abortion. The data are broken down by residence (capitals of governments, other towns, rural).

Head of the Department of Social Statistics of the Central Statistical Office, stated that "undeniably, the data published here permit in-depth investigation of a social phenomenon: abortion"[12]. Sociological analysis was then riding the crest of the wave in the USSR, and was on the lookout for all sources of knowledge and inspiration. Like suicide in the sociological tradition of late 19th-century Europe, abortion became in the USSR a preferred source for the analysis of post-revolutionary Soviet society.

The line that consisted in regulating this practise, while not challenging it, continued for some time after 1924. The committees set up to rule on free abortion existed only in the towns, making it difficult to obtain in the countryside. The decree of 17 March 1925 left this decision in the hands of the rural practitioners. On 12 February 1926, another decree banned abortion after 3 months pregnancy, except on strict medical grounds.

But these years were to be short-lived. From regulation and a will to understand, it was a small step to repression. A campaign which began at the end of the 1920s put a stop to this golden age for social research in the Soviet Union. It led to the banning of abortion on 27 July 1936[13]. A series of articles run in all the major daily newspapers in 1935 prepared for this about-turn, the origin of which can be seen as the growing abortion rates attested by the yearbooks. But this change of position reflects above all the fact that the authorities chose to increasingly ignore social observations, preferring to lean on abstract ideological discourse.

In fact, the theories that had been put forward to justify the legalization of abortion were not backed up by statistics. The logic was that an improvement in living conditions would make it easier to have children, and would thus increase family size. But on the contrary, women who were well-off were observed to have more abortions than their poorer sisters. Two theories were opposed. One, based on the traditional Pirigov Society position, called for the diffusion of contraception as an alternative to abortion. The other, further removed from actual observations, continued to postulate a direct relationship between fertility and standard of living. Its victory led to greater importance being given to theoretical arguments, to the detriment of social observation.

The pro-natalist argument was also present. This can be explained by the demographic crises of the late 1920s and early 1930s:

> "In our country, the mother figure is one of the most respected. We reserve the best conditions for our mothers, our kolkhozians, to give birth... while the barbarian capitalists are depriving their women of what is most dear to them: their right to childbirth."[14]

---

[12] *Aborty v 1926 g.* Moscow, 1929.

[13] Edict of the Central Executive Committee (CIK) and the Council of People's Commissars (SNK) of the USSR. *Postanovlenie CIK-SNK* of 27 July 1936, «O zapreshchenii abortov, uvelichenii material'noj pomoshchi rozhenitsam, ustanovlenii gosudarstvennoj posmoshchi mnogosemejnim, rasshirenii seti rodil'nykh domov, detskikh jaslej i detskikh domov, ob usilenii ugolovnogo nakazanija za neplatezh alimentov i nekotorykh izmenenijakh v zakonodatel'stve ob abortakh». Cf. *Postanovlenija KPSS i Sovetskogo pravitel'stva ob okhrane zdrovija naroda,* Moscow, 1959, p. 264.

[14] *Pravda*, 28 May 1935.

This attitude met with a somewhat relieved approval in France: the pro-natalists took it as confirmation of their tenets, as we can from the title of an article in *La revue de l'Alliance national pour l'accroissement de la population de la France*: "Have the Soviets recognized the value of large families?"[15]. The French Communist Party newspaper, *L'Humanité*, which had earlier applauded the liberalization of abortion, was quick to perceive the change of course:

> "Illegal abortion is a scourge for society.
>
> *And legal abortion is also an evil*[16]. But it is a *lesser evil*, because it offers some guarantees.
>
> It is for this reason, and this reason alone, that it was authorized in the Soviet Union [...].
>
> *But it is clear that, in no way, can the anti-natural and anti-social practise of abortion represent an ideal for us communists, or be considered as anything other than a transitional measure.* [...]
>
> And it is perhaps one of the most striking examples of the improvement of living conditions in the USSR and of the success of socialism, that the number of instances where abortion is legally authorized has been reduced during the last year.
>
> Now, in the USSR, *the family is born.*"[17]

The new legislation went together with an increase in the provision of maternity facilities. In 1931, there were only 31,296 maternity beds; the figure rose to 46,340 in 1936, 59,791 in 1937 and 91,807 in 1938. Crèche capacity grew from 4,726,600 in 1936 to 7,297,000 in 1938[18].

The illusion of a debate was played out in the Soviet Union, although the rare articles favourable to keeping the 1920 law were submerged by a wave of opposition articles. The tone of the latter reflects the depth of the change. This is confirmed by the preamble to the 1936 law: this time, it contains nothing but remarks devoid of significance. All reference to social observation has disappeared. The rare works published on the question also reflect this. One, by M.F. Levi, is particularly meaningful, since two editions exist, one published in 1935, prior to the new law, the other in 1937. The title – *Abortion and the fight against it*[19] – is the same in both cases, the number of copies very similar: at first sight the two editions are identical. But in the second, the sub-title *Avoiding pregnancy* has disappeared, portending the amendments. In fact, all the passages dealing with the social aspects of abortion have been suppressed, for instance:

> "But it is not rare that women have an abortion for other reasons [than medical]. Insufficient material conditions or other needs lead them to do so. [...] This is termed abortion for social reasons."

The introduction to the second edition shows clearly that an exclusively ideological argumentation has taken over:

---

(15) *Revue de l'Alliance Nationale pour l'accroissement de la population de la France,* 1934, pp. 157-159.

(16) In italics in the original.

(17) «Malfaisance de l'avortement», *L'Humanité,* 1 Jan.1936.

(18) *Bol'shaja Sovetskaja Entsiklopedija*, 1939, t.43, p. 703-704.

(19) M.F. Levi, *Abort i bor'ba s nim,* Moscow, Biomedgiz; 1st ed. 1935; 2nd ed. 1937.

> "In May 1936, the CIK and SNK USSR published in the press the bill of June 27... This law enters into history as a new monument demonstrating the Soviet authorities' concern for mother and child. [...] It is an exceptional moment in the field of women's health."

In this, the 1936 law can appear analogous to its predecessor, since it presents the same ideological aspect; but the logic is inversed. Abortion was virtually totally banned, and it was only nearly six months later that it was authorized in some specific cases with a medical prescription[20].

From then on, abortion was cut off from all other realities, with no reference to social disparities or living conditions. The statistical system was abolished, but abortions on medical grounds and those not begun in a hospital or clinic, which included illegal abortions gone wrong, continued to be counted. Thus, until the death of Stalin in 1953, doctors could only observe a reflection of illegal abortions and note the trends in maternal mortality. However, neither the deterioration they witnessed nor any proposals to improve the situation could be put down in black and white, particularly in the years just before 1953, when distrust of the medical profession culminated in the 'white coat trial'. Accounts of this period were not disclosed until much later. The following description was published in 1968:

> "The number of illegal abortions rose substantially from 1936 to 1955. Abortions resulting in infection and fever, peritonitis, perforation and haemorrhage of the matrix led to a sharp upturn in abortion-related morbidity and mortality. Chronic inflammation, sterility, ovarian disorders became considerably more frequent."[21]

Thus, the medical profession was waiting with open arms for a change of legislation. This came after Stalin's death. A law passed discreetly on 23 November 1955 liberalized abortion again and produced an immediate reduction of maternal mortality: according to the Ministry of Health, by 1961 this had fallen to two-fifths the level in 1955.

There have been few legislative changes since 1955, apart from minor amendments introduced from time to time by the Health Ministry. The maximum duration of pregnancy set at 12 weeks has been maintained, as well as the requirement that abortions be performed in a medical establishment. Free-of-charge abortion was abolished, then adopted again, as was the payment of three days abortion leave. The only change susceptible of having had an impact on abortion statistics was the decision, in 1987, to authorize the method of vacuum aspiration up to the seventh week of pregnancy, without hospitalization. At first, the Ministry of Health was unsure whether to include these *mini-abortions*[22] in its statistics, which explains the sharp, but temporary, fall in the number of abortions in 1987.

At the present time, the issue of abortion does not stimulate the controversy it did in the past. Although the press is fond of using demographics

---

[20] *Postanovlenie CIK-SNK* of 22 Nov. 1936, *O porjadke razreshenie abort po meditsinskim pokazaniem.*

[21] A.A. Verbenko, S.E. Il'in, V.N. Chusovaja, T.N. Al'shevskaja, *Aborty i protivozachatochnye sredstva*, Moscow, 1968, p. 8.

[22] *Mini-aborty*: term used for this practise by the Ministry of Health.

to justify its political stands, it has not climbed on the abortion bandwagon. Few articles are devoted to the question[23]. The Orthodox Church recently organized a conference on the subject, but its position is not a clear one[24].

II. – Contraception: a non-runner?

Thus, the abortion debate followed the course of Soviet ideology, while being very often brought to the fore in discussions on population and family policy. The scale of the debate might lead us to suppose that contraception was the subject of similar discussion. However, abortion was, and still is, although to a lesser extent, the primary method of birth control in Russia and the USSR. This is an aspect that invites reflection. How could a country that adopted a liberal abortion policy very early on – and which, apart from a twenty-year digression, has kept to that course – become so backward with respect to modern contraception? Were the principal actors in the abortion debate not involved in discussion on contraception? How was it possible to have such different attitudes towards two aspects of the same problem, birth control? To find an answer to these questions, we must again study the conflicting opinions that were voiced in the 1920s, when the subject was first broached on a larger scale.

A skeleton debate With the sharp rise in the number of abortions at the beginning of the 1920s, it soon became clear that an alternative solution must be found. We have seen that, according to ideological certainties, abortion would fall off when living standards rose. But the opposite was observed, and in any case, the need for rapid action was to produce a number of measures and studies relative to contraceptive practise. In 1923, a circular by the Narkomzdrav[25] recommended that women be informed on contraceptive matters in the women's consultations[26] and gynaecological clinics. However, this initiative was as cautious as the law liberalizing abortion: the information had to be sought by the woman. A little later, A. Gens proposed the creation of a system for the diffusion of contraception, and a statistical structure to monitor it.

Despite this timid start, some rare studies – notably the one conducted by S.G. Bykov in Saratov in 1927– show that the question did rouse interest. He questioned 1,115 women aged 16 to 48, of whom only 19.4% reported using or having used a contraceptive method[27]. In a study of

---

[23] See Alain Blum, Andreï Nedbaev, «Démographie et discours politique», *Problèmes politiques et sociaux, Série Russie,* Sept. 1993; and Alain Blum, «Les dérives démographiques du débat politique en Russie», *Population et Sociétés,* 293, Oct. 1993.

[24] Cf. *Izvestija*, 21 May 1994.

[25] People's Commissariat for Health.

[26] *Zhenskie konsultatsii.*

[27] S.G. Bykov, «K voprosu o rasprostranenii protivozachatochnykh sredstv v naselenii», *Kazanskij meditsinskij zhurnal,* 1928, 8, p. 760.

peasants' sex lives during the same period by S.A. Tomilin[28], out of 119 married women aged over 50, only 9% had used contraception, in general withdrawal. The same method was reported by the 15% of contraceptive users in a survey of 271 women in the Kremenchug region carried out by M.M. Levin in 1930[29]. Finally, we can mention two studies by Siflinger in Saratov and Doctor Emel'janov in Brjansk[30].

Although limited, these studies reflect a growing awareness of contraception. M.M. Levin's survey showed that 65% of respondents already knew something about contraception and (after information was given) 98.5% replied yes to the question "Will you use a contraceptive method in the future?".

Attendance of the women's consultations also seems to have increased at the time, although there is little information on this. In Ivano-Voznesensky, for instance, the seat of the Russian textile industry, 10.7% of women consulting for the first time in 1927 and the first half of 1928 came about birth control. The rise in their numbers between 1927 – 338, or 5.4% of first visits – and the first six months of 1928 – 614, or 16% of first visits – led A.A. Lebedev to conclude that contraception was becoming widespread:

> "Observations show that contraception can now reach not only the privileged groups, but all women, including the least educated. Truly, more promising methods than the primitive ones, and cheaper, can meet with considerable success. All the current contraceptive methods are presented in the women's consultations, except those which are harmful: intrauterine injections and pessaries and X-ray treatment. In addition to the condom, we find intrauterine and intravaginal devices[31], vaginal pellets[32], barrier pastes and sponges. It is essential to note that these methods cannot all be found in the pharmacies. The organisms in charge of supplying the contraceptives are not attentive to the needs of the users, who often receive only advice, not the means to put it into practice."[33]

In these studies, however, contraception is never perceived as a social phenomenon, like abortion. Most were of a medical and biological nature, and some research was conducted into developing effective methods of contraception. In 1925, a commission was set up within the Mother and Child Department of the Narkomzdrav to study contraceptive means. It was headed by Selitskok, and a clinic was put at its disposal. It published a bulletin entitled *New findings in the field of contraception*[34]. Several experimental studies were devoted to developing new methods, for men

---

[28] S.A. Tomilin, «K voprosu o plodovitosti krest'janki i ee vlijanii na detskiju smertnost'», *Zhurnal po izucheniju rannego detskogo vozrasta,* 1929, t. 9, p. 740.

[29] M.M Levin, «K kharakteristike pritchin iskusstvennogo vykidysha», *Zhurnal akusherstva i zhenskij boleznej,*1931, t. 42, 3, p. 378.

[30] Cf. *Akusherstvo i ginekologija,* 1927, 1 and 5.

[31] *Matotchnye (sheechnye) i vlagalishchnye kolpachki.*

[32] *Vlagalishchnye shariki.*

[33] A.A. Lebedev, «Rabota zhenskij konsul'tatsij goroda Ivanovo-Voznesenska za 1927 god i pervuju polovinu 1928 goda i ikh perspektivy na budushchee», *Zhurnal po izucheniju rannego detskogo vozrasta,* 1929, t. IX, 5, p. 363.

[34] Nine issues up to 1929, when publication ended.

as well as women; some were of a very imaginative nature. Such research was, however, marginal, which reflects a relative lack of interest.

An unattainable compromise In fact, the ambiguity stems from the necessity of opposing western anti-abortion traditions, while at the same time taking a pro-natalist stand. This ambiguity is epitomized in a text written in 1927 by the Ukrainian demographer S.A. Tomilin, on the occasion of the tenth anniversary of the October Revolution, which proposes an elaborate conception of the demographic transition and optimum population:

> "Every economic era can be divided into two periods: a period of multiplication of mankind, as long as, for a given economic situation, the available resources can meet this growth, and a period of prevention when food production cannot cover the feeding of any more mouths, and population growth becomes limited.[35]
>
> Today, there are 1,800 million people on our planet, and if growth continues as in the 19th century, there will be 3,600 million in the year 2000 and 7,200 million in 2100; this figure exceeds the Earth's capacity which, when the foreseeable improvements in food production are taken into account, can be put at 5,000 million. [...]
>
> Should such forecasts be taken lightly? Would it not be better to adopt another point of view, that we should aim for an *optimum* rather than a *maximum* population? And so should we not face the terrible problem of Ukraine, with its peasantry's ignorance and poverty. Would it be human to recommend the automatic procreation[36] which characterizes this population, and is so humiliating for women, who each year act as a thermostat for hatching a new brood of sickly peasant babies[37], many of whom will not live long. [...]
>
> For this reason, the government of the future socialist construction will have to take firm action over the regulation of generative life[38], as it has already started to today. But, instead of isolated initiatives, this governmental action will become in the future a regular reproductive policy, with the participation of organisms for biological surveillance, the doctors of the future.
>
> These doctors will base their practical work on pleogenic as well as eugenic ideas[39], so that mankind can be freed of the pathological elements that have entered the human race throughout the centuries, and a more accomplished form of happy, constructive existence can be created. [...]
>
> It seems to me that the legalization of abortion is a temporary compromise, that must soon be reconsidered. Success in the field of preventive methods has been so great that, very shortly, they will be available for all. That represents a new danger. Most couples will satisfy their parental instincts with one or two children. Then, some nations will, from generation to generation, dwindle in size. Reflections on the future of the race cannot

---

[35] S.A. Tomilin, «Problema narodonaselenija (formulirovka osnovnykh zakonov)», *Vrachebnoe delo,* 1927, 23-23, pp. 1886-7.

[36] Literal translation of *avtomaticheskaja plodovitost'*, with the meaning of natural fertility.

[37] *Igrajushchej ezhegodno rol' termostata dlja bylуplivanija krest'janskikh zamorysshej, iz kotorykh bol'shaja chast' bystro gibnet.*

[38] *Regulirovanie generativnoj zhizni.*

[39] *Pleogenicheskij i evgenicheskij.*

take as guide line the behaviour of individuals, given that they essentially take an interest in their own personal comforts."[40]

Tomilin's position, which was shared by many coevals, is clear. Birth control makes it possible to achieve this optimum population instead of unbridled growth. But hostility towards abortion as the preferred method leads him to advocate the development of contraception. However, he considers that state intervention is necessary for two reasons: first, in the traditional line of the time, eugenics and improvement of the human race[41]; second, a more original reason, the contradiction between what the individual wants and what the nation needs. In this, Tomilin joins the pro-natalist movement, which had become known in Russia at the end of the 19th century, through translations of J. Bertillon's *La dégénérescence du peuple français* and *Le mouvement naturel de la population de la France.*

Tomilin was not the only one, in the late 1920s and early 1930s, looking for a compromise between neo-Malthusianism, which saw contraception as a way to combat abortion, and pro-natalism, voicing the fear of depopulation[42].

The latter was to dominate in the debates preceding the 1936 law. Contraception was then seen as a danger, threatening the population with decline. Gens and Tomilin spoke up in favour of developing contraception, but too late, and the rare studies conducted were ignored. This movement did not have time to get up steam before the upheavals of the 1930s. Moreover, several authors expressed doubt about the effectiveness of contraception for fighting against abortion. Even A. Gens, looking at the German experience, noted that the number of abortions was continuing to rise despite the production of contraceptives by several firms and their distribution in all pharmacies. He concluded that: "manifestly, this was due to the fact that the diffusion of contraception depended less on the scientific and practical value of the methods available than on good advertising"[43].

This period can be summarized in three points:

1) Unlike abortion, contraception was not perceived as a social phenomenon; it was studied only in its medical and biological dimension.

2) Knowledge of and demand for contraceptives spread, as an alternative to abortion, but the necessary infrastructures were lacking.

---

[40] S.A. Tomilin, «Problema narodnonaselenija (formulirovka osnovnykh zakonov)», *Vrachebnoe delo,* 1927, 23-24, p. 1890.

[41] On eugenism in Russia, see L.R. Graham, *Science, Philosophy and Human Behaviour in the Soviet Union*, Columbia University Press, New York, 1987; and A. Blum, *op.cit.* 1994.

[42] See in particular: A. Gens, «Organizatsija i praktika primenenija protivozachatochnykh sredstv», *Vestnik sovremennoj meditsiny,* 17, 1927, pp. 1095-1097; Tsinebrjukhov, «K organizatsii i praktike primenenija protivozachatochnykh sredstv», *Vestnik sovremennoj meditsiny,* 23, 1927, pp. 1503-1505; S.G. Bykov, «K voprosu o rasprostranenii protivozatchatochnykh sredstv v naselenii», *Kazanskij meditsinskij zhurnal,* 8, 1928, p. 759-762; F.B. Bljumenau, *Abort i mery ego preduprezhdenija,* Moscow/Leningrad, Gosmedizdat.

[43] A. Gens, «Organizatsija i praktika primenenija protivozachatochnykh sredstv», *Vestnik sovremennoj meditsiny,* 17, 1927, p. 1096.

3) In spite of a number of declarations, no serious attempt was made to organize the diffusion of contraception: abortion was opposed to births, rather than to contraception, resulting in a straightforward pro-natalist position.

III. – A slow revival

After the liberalization of abortion in 1955, a new period opened up that was even more favourable to contraception than the 1920s, because of increased medical knowledge and provision of gynaecological care. But the situation changed only very gradually.

The renewed interest in contraception was the consequence of the sharp rise in abortions between 1954 and 1958. Once again, there were studies presenting contraception as a means to fight abortion[44]. A large-scale experimental study was carried out in seven towns to create a system for diffusing contraception. But there were no real results, and we have few accounts of the experiment, apart from a short report published several years afterwards[45].

In fact, another trend was going to prevail. It is expressed in the work of E.A. Sadvokasova, the only reference on the matter for the 1950s and 1960s. Dusting off the inevitable argument that the incidence of abortion is linked to standard of living, she classes the reasons for aborting into the following groups[46]:

1) *Those that can be eliminated*: no-one to look after the children; not enough room; not enough money.

2) *Those that are difficult to eliminate*: no husband; illness; family problems.

3) *Those that cannot be eliminated*: already nursing; large family, etc.

4) *Difficult to determine*: the mother doesn't want the baby; the father doesn't want the baby; other reasons.

This marks the return of an essentially ideological conception, in which abortion equals birth control. The factors presented do not allow abortion and attitudes towards family planning to be separated until the end of the 1970s. Sadvokasova's work is the compulsory reference on the

---

[44] See, for instance: O.K. Nikonchik, «Problema kontratseptsii i organizatsija bor'by s abortami v SSSR», *Akusherstvo i ginekologija,* XXXV, 6 (Nov.-Dec.1959); O.E. Chernetskij, «Organizatsija raboty po snizheniju abortov», *Sovetskoe zdravookhranenie,* XXII, 3 (March 1963).

[45] A.A. Verbenko, S.E. Il'in, V.N. Chusovaja, «K voprosy organizatsii bor'by s abortami», *Voprosy okhrany materinstva i destva,* 1965, t. 10, 8, p. 80-83; S.E. Il'in, V.N. Chusovaja, T.N. Al'shevskaja, *Aborty i protivozachatochnye sredstva*, Moscow, Meditsina, 1968.

[46] E.A. Sadvokasova, *Sotsialno-gigienicheskie aspekty regulirovanija razmerov sem'i,* Meditsina, Moscow, 1969, pp. 152-157.

matter and the only source of information on abortion practices. The question of contraception is, in public, completely eluded, which moreover favours the pro-natalist discourse unambiguously expressed by Krushchev in 1959[47].

Yet the alternative policy to abortion did not entirely fail. Various medical and biological institutes conducted research into contraception. Also, in spite of the reigning atmosphere, voices calling for the development of contraception were regularly raised. Finally, several studies launched in the mid-1960s by the Central Statistical Office, then the University of Moscow and the Science Academy of the USSR, challenged the ideological foundations of the relationship between standard of living and fertility, by advancing that fertility decline was inevitable.

These studies embody the divorce between the administrative apparatus, which continued to follow rules based on rigid ideological discourse, and the scientific world (including part of the central statistical apparatus) which, although unable to rapidly implement an alternative policy, nonetheless brought about, through its abundant literature, an in-depth change. This long-term effort finally bore fruit in the 1980s, as our statistical analysis will show.

IV. – Abortion dynamics in the USSR

There have been five stages in the history of abortion statistics:

1) before 1920: statistics on criminal abortions and data for a few hospitals or clinics[48]; these are too sparse to be interpretable.

2) 1920-5: counts of abortions performed in the medical establishments; these data are incomplete but permit analysis for some regions.

3) 1925-36: counts based on the individual cards filled in by the abortion committees. Registration improved over the years, so that detailed analysis for whole regions gradually becomes possible.

4) 1937-55: hospital data, concerning only abortions authorized on medical grounds and those initiated before arrival at the hospital; registration of the latter was good.

---

[47] R.S. Khrushchev declared in January 1959 that: "the bourgeois ideology carries many cannibal theories, one of which is the theory of overpopulation. These are elaborated to decrease natality and to decrease population growth. In that, they differ from us, comrades. If to 100 million of our men, another 200 million were added, it would not be enough. For us socialists, the growth of natality is not merely a means to increase our workforce. A socialist government studies the question from the point of view of the future of the nation".

[48] Translator's note: "hospitals or clinics", or one or the other for short, has been used to denote the Russian *bolnitsa,* the very general term covering medical establishments of various kinds and sizes which provide in-patient treatment.

5) from 1955 to the present day: hospital registration data. Registration improved steadily up to the mid-1960s, and the quality can be judged satisfactory from then on.

Today, it is difficult to obtain data relative to the whole of the former USSR, owing to heterogeneity of statistical practices in the different new states. It is, however, a feasible task.

The first data It is not easy to capture the direct impact of the legalization of abortion. The 1920 law apparently had little influence on fertility trends[49], but there are few data permitting the comparison of abortion trends before and after its adoption. The statistics of convictions for abortion show that the sentences provided for in the Penal Code were rarely pronounced, but they throw no light on the incidence of abortion. Some fragmentary data suggest, however, that the number of abortions rose sharply at the beginning of the 20th century[50], and that the practice was widespread. In the medical establishments of St. Petersburg in 1914, out of 5,874 women admitted for complications related to delivery, 4,374 cases were the result of abortion[51]. In a number of clinics in Moscow and St. Petersburg, abortions represented 30% to 40% of diagnoses in gynaecology[52] (Table 2).

Another source of information is provided by the retrospective surveys carried out after the Revolution. The Commissariat for Health, seeking to demonstrate that a rise in 'voluntary interruption of pregnancy' went hand in hand with a simultaneous fall in infant mortality, conducted a survey on 1,000 women working in the textile industry. Between 1900 and 1913, the outcome of 94 in 100 pregnancies among these women had been childbirth; between 1914 and 1916, 91. Infant mortality then accounted for more than 50% of births. Between 1917 and 1919, the birth/pregnancy proportion fell to 85, while infant mortality represented 38% then 32% of births in 1918 and 1919 respectively. After the legalization of abortion, only 77 out of 100 pregnancies ended in childbirth in 1920-2, and 71 in 1924. Infant mortality accounted for 32% of births in 1920, 25% in 1921, 30% in 1922, 26% in 1923 and 17% in 1924.[53]

---

[49] Cf. Alain Blum, *op.cit.* 1994.

[50] In the 19th and early 20th centuries, some studies were conducted on the basis of hospital admissions for complications resulting from abortion. According to one by I.N. Chukhina, presented at the Fifth Congress of the Pirogov Society in 1893, more than 22% of pregnancies in Karkhov and the region ended in an abortion. In 1913, according to L.G. Lichkus, the number of abortions had increased tenfold in the space of 15 years in Saint-Petersburg, and represented 20% of live births. This was one of the first attempts to estimate the number of abortions. However, such results should be handled with care. The myth of one million abortions a year in France was built on a few fragmentary data (cf. J. Dupâquier, *loc.cit.* in fn. 2).

[51] A. Borkhov, «Statisticheskie dannyie ob abortakh v Peterburgskikh gorodskikh bol'nitsakh», *Vestnik Prava,* 16, 1914.

[52] M. Gernet, «Abort v zakone i statistika abortov», *Aborty v 1925 godu,* TsSU SSSR, Moscow, 1927, p.13.

[53] A.B. Gens, *Abort v RSFSR,* Moscow, Okhmadet, 1926, p. 17.

TABLE 2. – PERCENTAGE OF ABORTIONS AMONG ALL GYNAECOLOGICAL DIAGNOSES, SELECTED CLINICS IN MOSCOW AND ST PETERSBURG

Year	Moscow		St-Petersburg
	Timistr clinic	Lepekhin maternity hosp.	Petropavlosk clinic
1906			12
1907			19
1908		3.4	25
1909		5.7	30
1910	17.9	6.7	33
1911		11.6	
1912	30.9	6.0	
1913	41.8	13.5	

Source: M. Gernet, 1927, *op. cit.* p. 13.

The first large-scale statistical study dates back to 1925. The Commissariat for Health sent out a questionnaire to rural medical establishments, asking practitioners to indicate how many abortions they had performed, how many were abortions initiated before admission to the hospital or clinic (denoted IBA), and the motives stated. Of 3,761 questionnaires sent out, 2,207 were returned. They showed that abortions were performed by 41% of these clinics, i.e. 909, of which 800 on a regular basis.

In 1922, 1923 and 1924, in 904 establishments 55,532 abortions were performed, and for 1,658 establishments there were 66,375 abortions IBA. A first set of chronological data based on 364 of these rural clinics was drawn up (Table 3).

TABLE 3. – NUMBER OF ABORTIONS PERFORMED IN A SAMPLE OF 364 RURAL CLINICS

Year	Legal abortions	Begun out-of-clinic	Total
1922	10 060	10 676	20 763
1923	13 996	14 296	28 293
1924	16 771	16 712	33 483

Source: A.B. Gens, 1926, *op. cit.*

In all the clinics that had responded, 131,572 abortions were recorded in 1924, of which 37% IBA. In 1925, the figures were 200,000 and 29% respectively[54].

With the implementation of the individual registration system, abortion statistics are more complete from that year on. For 11 governments of Russia, 55,597 abortions were recorded in 1925, of which only 18%

[54] Excluding the North Caucasia region and the governments of Vologda, Kursk, Nizhni-Novgorod and Ural.

were IBA (data from the 1925 Abortion Yearbook, the first to be published in the USSR[55]).

From 1926 on, only the statistics drawn from the individual cards are available. For that year, they total 155,390 abortions and 15% IBA, a proportion much lower than the one provided by the survey data for 1925. These registration statistics concern 23 territories of Russia, Belorussia, Uzbekistan and Turkmenia, as well as the hospitals reserved for the Commissariat for Rail Transport. Variations in coverage make a clear notion of time trends impossible.

By comparing the territories covered in both years, 1925 and 1926, we observe an undeniable increase (70% in legal abortions and 42% in those initiated before admission). Similarly, in Ukraine, the number of abortions registered grew from 149,700 in 1924-5 to 242,000 in 1926-7[56]. For the whole of the USSR, roughly 400,000 abortions were recorded in 1926. But it is impossible to tell what is due to better registration coverage and what is actual increase. The monthly data for Leningrad manifestly indicate an improvement in registration: the numbers of abortions recorded increase regularly (Figure 1), whereas the numbers of births barely change[57].

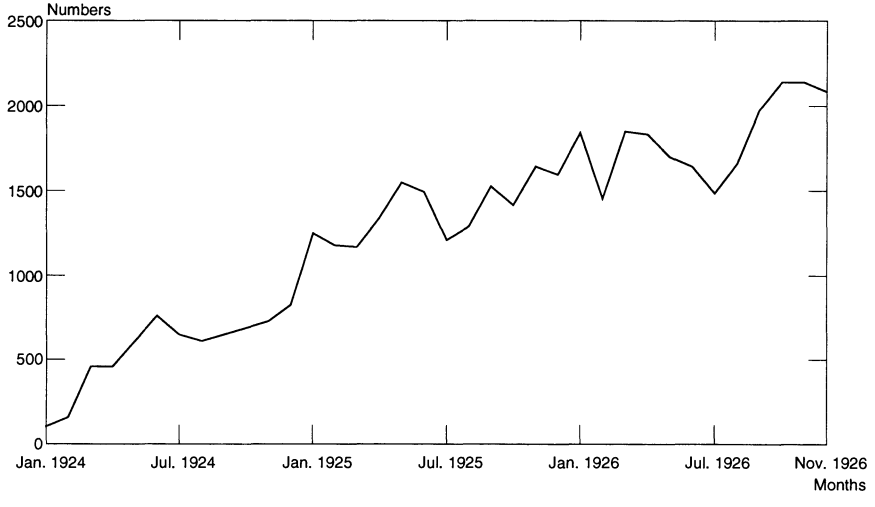

Figure 1. – Numbers of abortions registered in Leningrad, 1924 to 1926 (absolute values, monthly data)

It is, therefore, clear that the continuous improvement in registration is one of the factors of growth. Nonetheless, the data for the main cities of the USSR can no doubt approximate to reality, since coverage was certainly more complete there than elsewhere. For the year 1926, total abortion

(55) *Aborty v 1925 g.* Moscow, 1927.
(56) S.A. Tomilin, *op. cit.* in fn. 27, p. 41.
(57) V. Paevskij, *Elementy statistiki,* Leningrad, 1931, p. 55.

rates can be calculated from the age-specific abortion data and the female age structure at the 1926 census. The rate is 44 (per 1,000 women aged 15-44) in Moscow, 37.1 in Leningrad, 130.1 in Simferopol (the highest value observed), and 14.8 in Smolensk (the lowest). In the towns other than regional capitals, they are generally less than half as high, and only one-fifth to one-tenth as high in the rural areas. But we must be cautious in interpreting these data: women living in the countryside may have gone to town, where there were more medical resources, to have an abortion.

The 1926 Abortion Yearbook was the second and final one, the data thereafter being kept secret. A single figure was published by *Izvestija* in 1936, in the framework of the campaign which preceded the adoption of the restrictive law. According to this newspaper, 700,000 abortions were recorded in 1934, compared to three million births[58]. Today, the archives of the Ministry of Health provide an interesting, albeit incomplete, picture of regional abortion trends. We have presented elsewhere[59] the full set of data. Variations in coverage complicate analysis. But the figures for 1936-1940 (Table 4) reveal a sharp drop in the number of abortions from 1936 to 1937, then a gradual rise in illegal abortions and in medically prescribed abortions, once the immediate effects of the new law were over.

TABLE 4. – NUMBER OF ABORTIONS REGISTERED IN THE USSR BETWEEN 1936 AND 1940 (PARTIAL TERRITORIAL COVERAGE)

Year	Total	Of which begun out-of-clinic	Proportion illegal among (3)	
(1)	(2)	(3)	(4)	(3)/(2)
1936	803 058	343 750	–	43 %
1937	682 823	327 898	–	58 %
1938	429 695	396 362	9 %	92 %
1939	464 246	424 500	8.5 %	91 %
1940	500 516	452 557	–	90 %

The data for a number of cities confirm these trends (Figure 2). In Moscow and Leningrad, the abortion ratios plummet in 1936, but begin to rise again in 1938.

Despite the lack of clear-cut evidence, we can discern a period of growth which began prior to the Revolution, and started to accelerate, no doubt, in the early 1920s. The law of 1936 is one of the consequences of this rise, but its effectiveness can be questioned. The sharp upturn in natality that followed its adoption was short-lived, and it does not appear to have had any lasting effect on the long-term trend, which was perturbed much more by the Second World War. In the light of pre-war statistics,

[58] In the towns, 375,000 abortions for 574,000 naissances; in the countryside, 324,000 for 2,430,000 births; in Moscow, 155,000 abortions for 57,000 births in maternity clinics.
[59] A. Avdeev *et al.*, *op. cit.* in fn. 1.

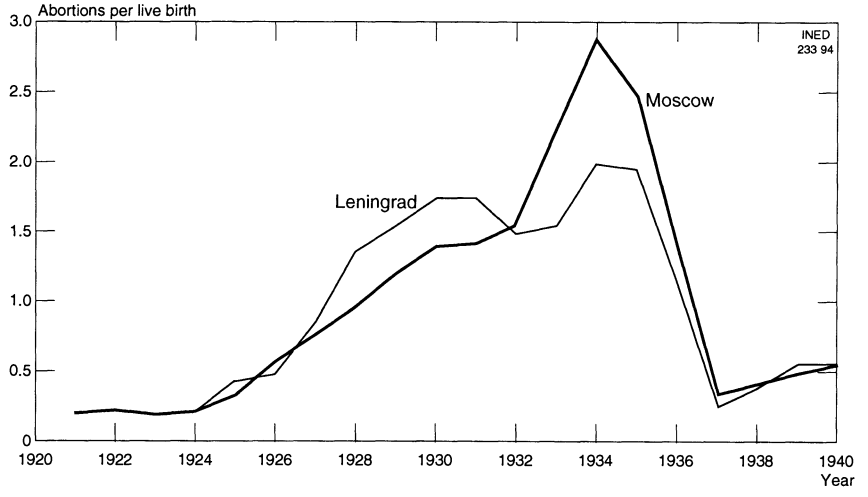

Figure 2. – Abortion ratios, Moscow and Leningrad

the limited effect of the measures seems to result from the combination of a rise in illegal abortions and greater indulgence with respect to the authorization of abortion on medical grounds.

Abortion statistics after 1954 For a long time, any attempt to study the rise in abortions after 1955 came up against the lack of published statistics. Some incomplete data were given out by E.A. Sadvokasova, which indicated the growth, but not the numbers, of abortions between 1954 and 1966. For the next twenty years, only the odd figure given here and there in a newspaper[60], and estimated from very partial local-level survey data, was available. The estimates produced in the west were obtained by extrapolating these figures, and took into account neither the substantial regional differences nor the haze surrounding the definition of abortion.

Let us take an example. In 1982, M.S. Bednyj forwarded the figure of 208 abortions for 100 births. This was immediately taken up by the western observers, and used to obtain an estimate of 11 million abortions in 1982, by multiplying the number of live births for the whole of the USSR by this ratio. But M.S. Bednyj did not state whether he was referring to live births or all births, nor that his calculation was based on only a few territories of Russia[61].

These doubts are now cleared up, but the data published in the USSR after 1986 and in present-day Russia, as well as those kept confidential

[60] In particular in *Sovetskoe Zdravookhranenie.* Cf. A. Blum, *op. cit.*1994.
[61] M.S. Bednyj, *Demograficheskie faktory zdorovija,* Mysl', Moscow, 1984, p. 113.

in the archives, still pose a problem of comparability with international statistics. Soviet and Russian abortion statistics have always aggregated induced abortions performed completely in a medical establishment – which correspond to most international data – with abortions initiated before arrival at the medical establishment and terminated there because of complications[62]. The latter group contains some of the illegally induced abortions, but also spontaneous abortions with complications. It is therefore not justified to conclude, as some authors have, that the official statistics are under-estimated[63].

The origin of this classification no doubt lies in the conception of abortion statistics adopted at the beginning of the 1930s. The aim of registration was no longer the understanding of social practices, but to provide figures for planning purposes. Hospitals and clinics gave those figures to justify the number of their beds or to claim more means. There was therefore no reason to separate induced and spontaneous abortions or those begun before admission.

It is always difficult to estimate the coverage of abortion statistics. For one thing, 'pregnancies' diagnosed in the very early stages may not be real; in this case, the 'abortions' performed are not real either. Some of the 1.5 million mini-abortions now performed each year by vacuum aspiration may well not correspond to actual conceptions. For another thing, some illegal abortions, even those ending in complications and hospitalization, are concealed by the women concerned. However, these problems are found in most countries where induced abortion is legal, and we can suppose that, in this respect, abortion statistics are generally comparable from country to country.

But the registration system operating in the Soviet Union permits evaluation of the coverage of abortion statistics. Up to 1988, pregnancies were diagnosed and registered in maternity and gynaecology clinics, where physicians supplied, when necessary, the certificate required for abortion in a hospital or clinic. By comparing the number of pregnancies with the numbers of births and abortions registered, we can estimate the proportion of abortions not registered. In the late 1970s, a study in Leningrad found 15.5% of pregnancies for which the outcome was not recorded. Some of these would be abortions performed out-of-clinic with no major complications; but there were other cases: spontaneous abortions, legal abortions performed in another town[64]. Thus, the proportion of illegal abortions was very low.

Figure 3 shows the numbers of legal abortions in the USSR from 1954 to 1990, estimated by correcting the data from the Ministry of Health

---

(62) Termed 'complete' and 'incomplete' abortions respectively: see tables in Appendix I.

(63) See, for instance, A. Popov, «Family Planning and Induced Abortion in the USSR: Basic Health and Demographic Characteristics,» *Studies in Family Planning*, 6, Nov. 1991.

(64) N.S. Sokolova, «Voprosy izuchenija iskhodov beremenostej u zhenshchin», *Zdravookhranenije Rossijskoj Federatsii*, 1980, 3, p. 13-15.

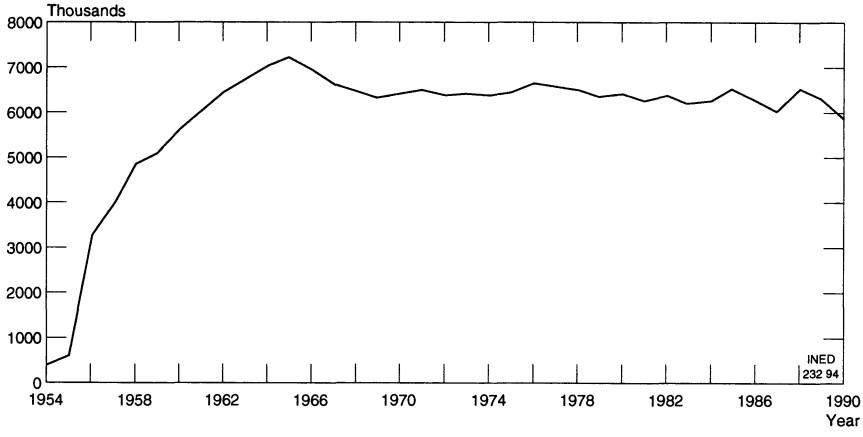

Figure 3. – Legal abortions in the USSR since 1954 (estimates)

archives up to 1986, then the published data. These corrections were necessary because of various deficiencies[65].

The data on legal abortions in 1954 correspond to abortions prescribed by physicians, and thus are, to some extent, an indication of the population's health status, although, as we have seen, a degree of tolerance led to counting as legal some abortions for which there were no real medical grounds. The abortions initiated before admission to the hospital or clinic (IBA) included spontaneous abortions as well as illegal abortions. A survey conducted in the early 1960s on 13,500 women showed that, of the 14.3% of IBA abortions, 3.9% were spontaneous abortions and 10.4% illegal ones[66]. In other words, almost three quarters of IBA abortions were at that time illegal abortions. Supposing that the illegal abortions which led to complications and hospital admission represented 30% of all illegal abortions[67], the number of illegal abortions in 1954 can be estimated to be 3.5 million. Added to the 400,000 legal abortions registered (see Appendix Table A1) and to the spontaneous abortions (the remaining quarter of IBA abortions, i.e. roughly 500,000), we have a total estimate of about 4.4 million. This figure shows to what extent the legal sanctions were ignored. Moreover, the legalization of abortion had very little impact on fertility levels. The only visible effect is the drop in non-marital births, showing that the 1955 abortion law did, after all, allow more effective birth control (Table 5).

The new law produced an apparently rapid rise in abortions, which peaked in 1965 (see Appendix Tables A1 and A2) . The number of abortions then stabilized. The rise following the liberalization of abortion reflects

[65] See Appendix I for information on the data and the corrections.

[66] A. Verbenko, S. Il'in, V. Chusovaja, T. Al'chevskaja, *Aborty i protivozachatochnye sredstva*, Moscow, Meditsina, 1968, p. 9.

[67] According to M.S. Bednyj, *op. cit.*in fn. 60, pp. 102-103.

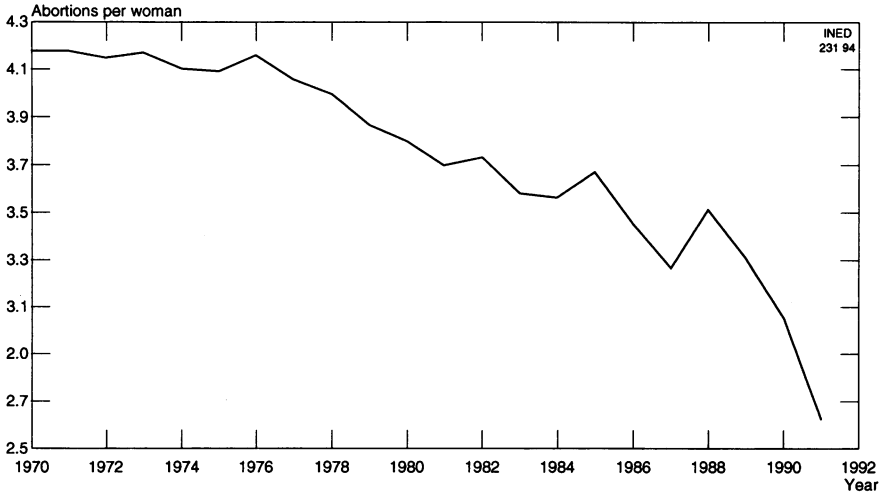

Figure 4. – Total abortion rate in Russia, 1970-91

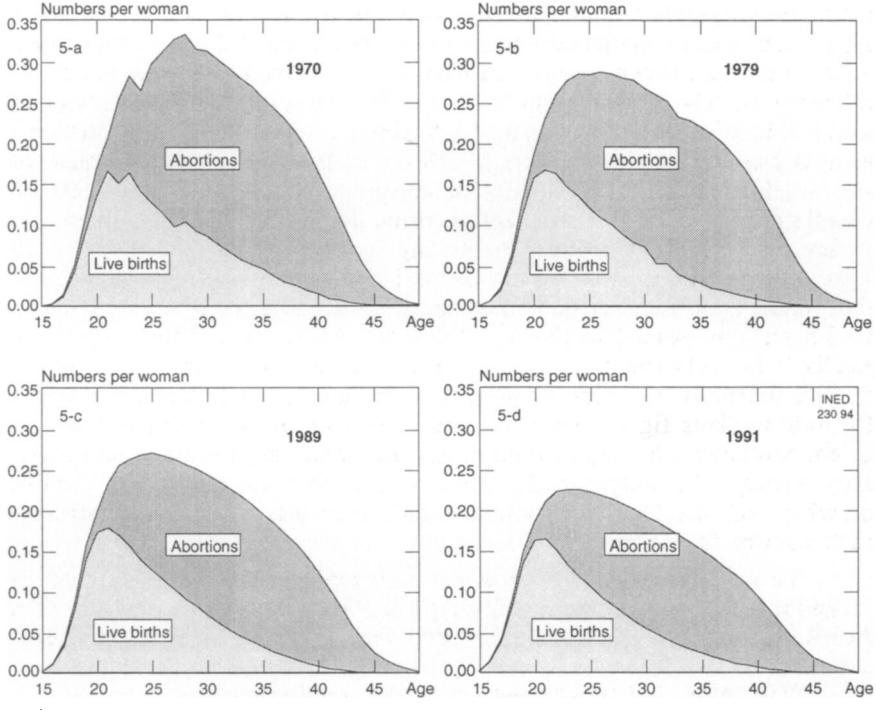

Figure 5. – Outcome of pregnancies by age at census, Russia

TABLE 5. – PROPORTION OF EXTRA-MARITAL BIRTHS, 1945 TO 1984

Date	Extra-marital births (%)	Date	Extra-marital births (%)
1945-49	17.9	1965-69	9.5
1950-54	17.5	1970-74	8.4
1955-59	13.1	1975-79	8.4
1960-64	11.2	1980-84	8.9

Source: Naselenie SSSR 1987, statischeskij sbornik, Goskomstat SSSR, Finansy i Statistika, 1988.

both improved registration and actual growth[68]. It seems probable that registration coverage became satisfactory around the mid-1960s. In addition, the proportion of abortions begun out-of-hospital decreases rapidly, from 80% in 1954 to 20% in 1959, then more slowly, down to 16% in 1966 and not quite 12% in 1986. We can conclude from this that in the mid-1960s, most of the abortions initiated before admission were spontaneous abortions. The statistics of abortions induced – or, more precisely, begun and ended – in a medical establishment (in Soviet statistical terminology, 'complete' abortions) can thus be used for comparison with international abortion data.

In the mid-1960s, of the 8 million abortions registered in the USSR, there were roughly 7 million 'complete' abortions induced in a medical establishment, that is, about 150 abortions for 100 live births. After 1965, there is a slow but steady fall. The abortion ratio[69] was 148 in 1970, 138 in 1975, 130 in 1980 and the present level, in 1990, is 124. In Russia, the total abortion rate only really started to decline after the mid-1970s[70]; from 4.2 at that time, it has fallen to 2.6 today (Figure 4). The gradual convergence of the age patterns of fertility and abortion suggests that women are increasingly using other forms of birth control (Figure 5).

Conclusion

In its haste to overturn the social structure of the Russian Empire, the new regime that came to power in 1917 lost no time in passing laws in all the fields affecting daily life and social and demographic behaviour. The legalization of abortion, promulgated on 18 November 1920, might be taken to represent, both symbolically and in practice, one of the most fundamental breaks from the czarist era, and a legal landmark that was to profoundly affect population behaviour. The same year, France was going in the completely opposite direction, with a law passed on 31 July 1920 which sanctioned abortion, and another on 29 March 1923 that went even

[68] T. Frejka, «Induced Abortion and Fertility: a Quarter Century of Experience in Eastern Europe», *Population and Development Review,* Vol. 9, 3, Sept. 1983, p. 502.

[69] The following figures are based on the 'complete' abortion statistics.

[70] For information on the calculations, see A. Avdeev *et al., op. cit.*

further, by banning all birth control propaganda. The French newspapers immediately took hold of this change in Soviet Russia, the proof, in their eyes, of the disappearance of family values. The abortion law was first seen as a consequence of the ongoing social upheavals, before being interpreted as the symbolic expression of Soviet power. This shift was all the easier as the data needed to study what was actually happening were lacking for a long time. Thus, western observers interpreted the frequent legal modifications since 1920 as the expression of societal changes[71]. Until 1986, when the first full set of abortion data was published (with the exception of the 1925 and 1926 yearbooks, which went practically unnoticed in the west), the figures available (C. Tietze, S. Henshaw, 1986) were hazardous extrapolations based on a handful of fragmentary survey data[72]. Such secrecy, and these legal turnarounds, contributed to reinforcing the image of a unified Soviet Union, breaking away from the history of the Russian Empire.

This interpretation of one of the most symbolic legislative changes in the family domain is, however, a questionable one. To fully understand the significance of these measures, it is necessary to understand the debate pursued by the intellectuals and the liberal social strata (doctors, lawyers, statisticians), the main opponents of the czarist regime, in the second half of the 19th century. The tendencies that this debate reflects in Russia must also be compared to the discussions taking place in other parts of Europe, on the same issue but often with opposite conclusions. Such differences in the argumentations and the conclusions drawn by similar social groups focuses attention on the disparity in the relationships between the political power and the social groups closest to this power.

A brief historical summary has allowed us to set the 1920 abortion law in the context of discussions that had been rocking western Europe, in which a more liberal stand was taken by Russia even before the 1917 Revolution. The subsequent changes reflect how the political system retreated from social realities. In the 1930s, legislation became more the expression of discourse turning round on itself than of any real observation of the contrasts subsisting in the country. The distance between social observation and the theories proposed also produced a reaction of denial of observation to the benefit of theory. With respect to statistical observation, this change resulted in abortion figures being produced more for the needs of hospital planning than for analysing the process itself.

The period following Stalin's death is more obscure, but is fundamental in that it appears to have maintained the country in a state of ignorance of the progress in modern contraceptive methods that elsewhere accompanied, and accelerated after the 1960s, the fertility decline. The Soviet Union then became one of the only countries to resort so massively to abortion, oblivious of the condom and the pill. The demographic transition was no

---

[71] See Alain Blum, *op. cit.*, 1994.
[72] We note that the results overestimated reality, as we have seen.

slower in the USSR, but the means of getting there were very different. Yet, can we really speak of ignorance? The latest developments show that the second contraceptive revolution no doubt marked time, but was not unknown, and has spread very rapidly in recent years. In the USSR, prevalence of the IUD and condom can be estimated at 1.5% and 2% respectively in 1979, with traditional methods concerning roughly 30% of women, whereas in 1988 more than 13% of women were IUD users, roughly 4% were protected by the condom and traditional methods were down to 12%. In Russia itself, the prevalence of modern contraception is even higher, and continuing to grow, as we can see from the numbers of IUDs inserted each year[73].

Our study is based essentially on aggregate data for the whole Soviet territory. But there has always been great diversity within this territory, and abortion behaviour is no exception (Table 6). A geographical breakdown of the data shows that the pattern of abortion diffusion reflects two factors: first, the highly diversified cultures and traditions of the different regions; second, within this overall pattern, there are zones of stability and instability, and the greater or lesser frequency of abortion often reflects populations that are more or less settled in their place of residence[74].

TABLE 6. – TOTAL (LEGAL) ABORTION RATES (TAR) AND TOTAL FERTILITY RATES (TFR) IN 1989

Republic	TAR	TFR	Republic	TAR	TFR
Russia	3.45	2.01	Moldova	2.40	2.50
Ukraine	2.65	1.94	Latvia	2.21	2.05
Belarus	3.06	2.03	Kirghizstan	2.40	3.81
Uzbekistan	1.20	4.02	Tajikistan	1.16	5.08
Kazakhstan	2.48	2.81	Armenia	0.77	2.61
Georgia	1.47	2.14	Turkmenistan	1.22	4.27
Azerbaijan	0.63	2.76	Estonia	2.17	2.22
Lithuania	1.68	1.98	USSR	3.08	2.34

All the complexities of the coexistence and contradictions between ideological system, political system and society are expressed particularly clearly in this long history of abortion statistics. The result is the series of U-turns, instead of a straight course, that followed a measure which was meant to be symbolic, the liberalization of abortion in 1920.

Alexandre AVDEEV, Alain BLUM
and Irina TROITSKAYA

(73) See A. Avdeev *et al., op. cit.*

(74) See A. Blum and S. Zakharov, «Espaces régionaux et espaces nationaux dans l'ex-URSS», *Revue d'Études Comparatives Est-Ouest,* 1, 1993, pp. 81-99.

APPENDIX I
Abortion statistics after 1955

In the abortion statistics presented below, relative to the period following the legalization of abortion in 1955, the following distinction is made:

1. Total number of women who left a hospital or clinic of the Ministry of Health with a diagnosis of *abortion.*

2. Among these women, those who had been admitted for an abortion begun before arrival at the hospital or clinic (termed '*incomplete abortions*').

This sub-group includes spontaneous abortions as well as illegally induced abortions with complications.

3. The remainder, abortions initiated and terminated in hospital (termed '*complete abortions*').

The first two series are compiled systematically by the Ministry of Health. It was necessary to add the abortions performed in a clinic or hospital of the Ministry of Transport, which collects its own data (the same distinction being made). The abortion statistics published in the demographic yearbooks of the USSR for the period 1975-85 do not include these data. It was impossible to obtain the exact numbers from this Ministry, and the figures shown are estimates based on the following years.

In addition, starting in 1988, a further breakdown is made for the 'mini-abortions' by vacuum aspiration performed up to the 7th week of pregnancy, without hospitalization. The Ministry of Health was very hesitant about counting these as real abortions, which no doubt explains the unusual drop in the number of abortions in 1987, when the method was legalized. In fact, these mini-abortions had been authorized on an experimental basis since 1980, the number of clinics concerned varying from year to year. The Calculations Centre of the Ministry of Health may not always have forwarded these data to the Central Statistical Office. In 1982 and 1984, for instance, the Health Ministry statistics give 12,000 and 15,000 abortions more than the data published by the Central Statistical Office. The mini-abortions may be the reason for these discrepancies, unless they were simply mistakes.

Further difficulties stem from the fact that the mini-abortions performed in hospitals or clinics are registered separately from those performed in dispensaries. Observing the former only, some researchers have spoken of grossly incomplete data[75]. To avoid such errors, we estimated separately, for each republic, the number of mini-abortions performed in each type of establishment.

From the Ministry of Health archives, we have reconstructed a complete time series of abortions performed in MH establishments since 1954, for the whole of the USSR, distinguishing the urban and rural sectors[76].

---

[75] A. Popov questions the validity and completeness of mini-abortion registration, noting that in Moldova in 1988, a mere 77 were recorded by the Ministry of Health (A. Popov, «Family planning and induced abortion in the USSR: basic health and demographic characteristics», *Studies in Family Planning*, 1991, Vol. 27, 6, p. 368). But these were the mini-abortions performed in hospitals or clinics only; a further 7,672 were performed in dispensaries.

[76] In an earlier study, presented at the Chaire Quetelet in 1991, these data were not available, and we estimated the numbers of abortions from the abortion growth rates between 1954 and 1966 calculated by E.A. Sadvokasova (see fn. 45). This is the reason for the slight difference with the results given here. Details on the corrections and additional information are given in A. Avdeev *et al., op. cit.*, 1993.

TABLE A.1. – ABORTIONS IN THE USSR, 1954 TO 1990

Year	All abortions registered			Legal induced abortions ('complete')			Spontaneous or criminal abortions ('incomplete')	Legal abortion rate	
	Total	By Ministry of Health	By Ministry of Transport	All methods	Curettage	Aspiration ('mini')		per 100 live births	per 1,000 women aged 15-49
1954	1 985 302	1 895 964	89 339	399 046	399 046	–	1 586 257	7.84	6.84
1955	2 598 761	2 481 816	116 944	600 314	600 314	–	1 998 447	11.92	10.15
1956	4 724 547	4 511 942	212 605	3 316 632	3 316 632	–	1 407 915	65.10	55.40
1957	5 338 738	5 108 970	229 768	3 996 159	3 996 159	–	1 342 579	76.81	66.26
1958	6 128 871	5 892 260	236 611	4 844 567	4 844 567	–	1 284 304	92.24	80.62
1959	6 398 541	6 211 160	187 381	5 102 306	5 102 306	–	1 296 235	96.21	85.79
1960	7 038 395	6 504 677	533 718	5 642 210	5 642 210	–	1 396 185	107.17	96.06
1961	7 425 507	7 073 785	351 722	6 006 038	6 006 038	–	1 419 469	118.39	103.57
1962	7 774 506	7 344 506	430 000	6 414 217	6 414 217	–	1 360 289	132.08	110.19
1963	8 023 290	7 662 242	361 048	6 667 354	6 667 354	–	1 355 936	144.81	114.64
1964	8 408 408	8 030 030	378 378	7 021 021	7 021 021	–	1 387 387	161.30	120.23
1965	8 551 351	8 166 540	384 811	7 191 686	7 191 686	–	1 359 665	169.33	122.46
1966	8 337 567	7 962 377	375 191	7 020 232	7 020 232	–	1 317 336	168.52	118.15
1967	7 846 354	7 493 268	353 086	6 623 990	6 623 990	–	1 222 364	161.94	109.72
1968	7 645 441	7 301 396	344 045	6 471 055	6 471 055	–	1 174 386	158.32	105.25
1969	7 460 316	7 124 602	335 714	6 330 413	6 330 413	–	1 129 903	152.26	101.84
1970	7 531 270	7 192 363	338 907	6 406 594	6 406 594	–	1 124 676	148.99	101.44
1971	7 610 001	7 267 551	342 450	6 489 481	6 489 481	–	1 120 520	147.89	101.07
1972	7 497 264	7 159 887	337 377	6 408 802	6 408 802	–	1 088 462	144.45	98.27
1973	7 514 765	7 176 601	338 164	6 439 040	6 439 040	–	1 075 725	145.48	97.50
1974	7 449 129	7 113 918	335 211	6 397 731	6 397 731	–	1 051 398	139.71	95.89
1975	7 471 572	7 135 351	336 221	6 431 773	6 431 773	–	1 039 798	137.65	95.68
1976	7 636 191	7 292 562	343 629	6 588 364	6 588 364	–	1 047 827	140.09	97.22
1977	7 579 105	7 238 045	341 060	6 553 674	6 553 674	–	1 025 430	138.70	96.22
1978	7 497 397	7 160 014	337 383	6 497 226	6 497 226	–	1 000 171	136.12	94.98
1979	7 339 566	7 009 286	330 280	6 374 161	6 374 161	–	965 406	131.63	93.21
1980	7 333 073	7 003 085	329 988	6 382 028	6 382 028	–	951 045	130.49	93.18
1981	7 155 594	6 833 592	322 002	6 240 562	6 240 562	–	915 032	124.57	91.17
1982	7 250 355	6 924 089	326 266	6 336 188	6 336 188	–	914 167	120.29	92.13
1983	7 085 370	6 766 528	318 842	6 204 515	6 204 515	–	880 855	115.07	90.05
9184	7 115 825	6 795 613	320 212	6 243 572	6 243 572	–	872 253	115.70	89.98
1985	7 365 852	7 034 389	331 463	6 475 595	6 475 595	–	890 258	118.64	92.77
1986	7 116 000	6 790 141	325 859	6 267 984	6 267 984	–	848 016	110.62	89.47
1987	6 818 000	6 496 499	321 501	6 009 655	6 009 655	–	808 345	109.33	85.71
1988	7 229 000	6 965 221	263 779	6 469 096	5 271 096	1 198 000	759 904	124.16	92.42
1989	6 974 431	6 672 041	302 390	6 286 035	4 828 267	1 457 768	688 396	126.89	90.03
1990	6 459 000	6 226 821	232 179	5 836 823	4 150 448	1 686 375	622 177	123.57	84.77

Sources :

1. Sadvokasova E.A. Socialno-gigieničeskie aspekty regulirovania razmerov sem'i. Moscow, 1969, ed. : « Medicina », p. 117, 118.
2. GARF (formerly CGANKH SSSR), f. 1562, op. 27, d. 425 (1957), 559 (1958), 934 (1959), 1088 (1960), 1250 (1961), 1369 (1962).
3. Nasselenie SSSR. 1987. Moscow, Finansy i Statistika, 1988, p. 318, 315.
4. Nasselenie SSSR. 1988. Moscow, Finansy i Statistika, 1989, p. 412, 413, 399.
5. Demografičeskij ežegodnik 1990. Moscow, Finansy i Statistika, 1990, p. 361, 353.
6. Narodnoe khojiajistvo SSSR v 1990 gody. Statističeskij ežjegodnik, Moscow, Finansy i statistika, 1991, p. 251.
7. Vestnik Statistiki, 1974, 11 ; 1977-1982, 11 ; 1983 12 ; 1985 11.
8. Andreev E., Darskij L., Kharkova T. « Histoire de la population de l'URSS » Annales de la démographie historique, 1992, Paris, p. 61-150.
9. Complete data base from the Calculations Centre of the USSR Ministry of Public Health.

TABLE A.2. – ABORTIONS IN RUSSIA, 1957 TO 1992

Year	Abortions in USSR* (Ministry of Health)	Abortions in Russia			Legal abortion rate in Russia for		Total (legal) abortion rate**
		Total	of which:		1,000 women aged 15-49	100 live births	
			'complete'	'in-complete'			
1957	5 108 970	3 407 398	2 565 037	842 361	...	91.61	...
1958	5 892 260	3 939 362	3 119 980	819 382	...	109.56	...
1959	6 211 160	4 174 111	3 353 178	820 933	99.69	119.65	...
1960	6 504 677	4 373 042	3 634 966	738 076	109.80	134.44	...
1961	7 073 785	4 759 040	3 877 654	881 386	118.18	149.99	...
1962	7 344 506	4 925 124	4 077 580	847 544	124.59	169.46	...
1963	7 662 200	5 134 100	4 267 600	866 500	130.72	195.85	...
1964	8 030 000	5 376 200	4 486 400	889 800	137.33	231.19	...
1965	8 166 500	5 463 300	4 576 500	886 800	139.45	231.95	...
1966	7 962 400	5 322 500	4 475 200	847 300	134.96	235.68	...
1967	7 493 300	5 005 000	4 223 600	781 400	125.40	231.58	...
1968	7 301 400	4 872 900	4 126 800	746 100	120.77	226.19	...
1969	7 124 600	4 751 100	4 037 700	713 400	116.38	214.82	...
1970	7 192 400	4 792 500	4 086 700	705 800	115.36	211.65	4.17
1971	7 267 551	4 838 749	4 139 949	698 800	114.87	206.82	4.17
1972	7 159 887	4 765 589	4 090 589	675 000	112.32	204.81	4.15
1973	7 176 601	4 747 037	4 087 637	659 400	111.42	200.14	4.17
1974	7 113 918	4 674 050	4 037 350	636 700	109.58	193.96	4.09
1975	7 135 351	4 669 940	4 046 040	623 900	109.42	189.63	4.09
1976	7 292 562	4 757 055	4 133 755	623 300	111.50	192.83	4.15
1977	7 238 045	4 686 063	4 083 863	602 200	110.12	188.48	4.05
1978	7 160 014	4 656 057	4 069 257	586 800	110.00	186.61	3.99
1979	7 009 286	4 540 440	3 979 240	561 200	108.03	181.17	3.86
1980	7 003 085	4 506 249	3 960 049	546 200	108.02	179.07	3.79
1981	6 833 592	4 400 676	3 877 576	523 100	106.13	171.31	3.69
1982	6 924 089	4 462 825	3 942 525	520 300	108.11	162.19	3.72
1983	6 766 528	4 317 129	3 823 529	493 600	104.81	156.77	3.57
1984	6 795 613	4 361 959	3 872 859	489 100	105.83	161.89	3.56
1985	7 034 389	4 552 443	4 051 843	500 600	110.51	168.31	3.66
1986	6 790 141	4 362 110	3 891 677	470 433	106.17	152.95	3.46
1987	6 496 499	4 166 196	3 721 930	444 266	101.87	153.60	3.25
1988	6 965 221	4 483 856	4 065 709	418 147	111.98	181.10	3.50
1989	6 672 041	4 242 028	3 876 220	365 808	107.40	186.25	3.31
1990	6 226 821	3 920 287	3 593 291	326 996	100.18	188.86	3.05
1991	6 014 000	3 608 412	3 164 701	361 203	88.25	188.93	2.88
1992	5 442 900	3 265 718	2 910 460	329 545	80.88	183.37	2.66

...– Data not available.
* – All abortions registered by medical establishments.
** – Estimated assuming a hypothetical age-at-abortion structure based on natural fertility (see A. Avdeev, « Schémas d'avortement selon l'âge: types principaux et évolution », in Proceedings of the Fourth International Conference of the AIDELF, Delphes 6-10 Oct. 1992, PUF, Paris, 1994, pp. 657-70).

APPENDIX II
Additional tables

We give here a list of the tables published in A. Avdeev, A. Blum and I. Troitskaya, *L'avortement et la contraception en Russie et dans l'ex-URSS : histoire et présent,* Dossiers et Recherches, 41, Oct. 1993, INED, Paris.

— Abortions and contraceptions – recent annual data, by republic

Number of deliveries in clinic or hospital (1986-92)

Number of abortions terminated in clinic or hospital (1986-92)

Number of abortions begun out-of-clinic (spontaneous or induced, 1986-92)

Proportion of abortions begun out-of-clinic among all recorded pregnancies (1986-92)

Number of abortions by vacuum aspiration (mini-abortions, 1986-92)

Number of 'complete' abortions (hospitals, clinics, dispensaries, 1986-92)

Total number of abortions registered (1986-92)

Abortions registered in the Ministry of Health establishments (1971-92)

Number of IUDs inserted (1982-90)

— Data prior to the Second World War

Abortions in Moscow (1909-40)

Abortions in Leningrad (1921-40)

Number of abortions registered in Russia in 1931, by region (*oblast'*)

Number of abortions registered in Russia in 1933, by region (*oblast'*)

Number of abortions registered in Russia in 1936, by region (*oblast'*)

Number of abortions registered in Russia in 1937, by region (*oblast'*)

Number of abortions registered in Russia in 1938, by region (*oblast'*)

Number of abortions registered in Russia in 1939, by region (*oblast'*)

Number of abortions registered in Russia in 1940, by region (*oblast'*)

View publication stats